PTO/SB/51S (07-07)

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MENTAL DECLARATION FOR REISSUE PATENT APPLICATION TO CORRECT "ERRORS" STATEMENT (37 CFR 1.175)

95	spond to a collection of information unless it contains a valid OMB control number.							
	Attorney Docket Number		Sil	a:31	0			
	First Named Inventor		Nir Tal et al.					
	COMPLETE if known							
	Application Number	09/771,010						
	Filing Date	Jan	uary	26,	2001			
	Art Unit	211	6					
Ì	Examiner Name	E1a	min,	Α.				

I/We	herehy	declare	fhat:
HAAC	HELENY	ucciare	unat.

Every error in the patent which was corrected in the present reissue application, and which is not covered by the prior oath(s) and/or declaration(s) submitted in this application, arose without any deceptive intention on the part of the applicant.

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Name of Sole or First Inventor:	A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])	Family Name or Surname			
Nir (%)	Tal	,		
Inventor's Signature		Date		
Name of Second Inventor: A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])	Family Name or Surname			
Ron	Cohen			
Inventor's Signature		Date		

|X| Additional inventors or legal representatives(s) are being named on the $_$ __ supplemental sheets PTO/SB/02A or 02LR attached hereto.

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2						
Name of Additional Joint Inventor, if an		A neti	ition bas	heen filed for this up	neignad	inventor	
Given Name (first and middle (if any)	A petition has been filed for this unsigned inventor						
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Inventor's Signature		Date					
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Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor							
Given Name (first and middle (if any))	Family Name or Surname						
Inventor's Signature	Date						
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